

From The Desk of
 Mr. Juan Hernandez 94A5040
 Queensboro Corff. Bldg.
 47-04 Van Dam Street
 Long Island City, NY 11101

March 31, 2016

Hon. Sidney H. Stein (SDCJ)
 United States District Court
 Southern District Of New York
 500 Pearl Street
 New York, NY 10007
 Rm: 1010

APR -4 2016

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USDC SDNY
 DOCUMENT
 ELECTRONICALLY FILED
 DOC #:
 DATE FILED: 4/11/16

RE: Hernandez v. Goord 01 CV-9585 (SHS)

Dear Judge Stein;

Please pardon my intrusion again, I'm now writing in response to your letter of March 21, 2016, as well as a letter I received from defense counsel Mr. Neil Shevlin, one of the Assistant Attorney Generals on this case. Please see his letter of March 23, 2016 attached.

Judge Stein, I now respectfully requesting that the Court appoint counsel in this matter. It appears that Mr. Garcia of Weil, Gotshal & Manages LLP is not responding to your sending him a copy of my letter via the ECF system, as you've stated in your letter to me.

In spite of the fact that I contacted his office initially, prior to making contact with you. Still I have not heard from his office as of this date.

It also appears that Mr. Neil Shevlin of the Attorney General's office is trying to pull a fast one. In Mr. Shevlin's letter of 3/23/16 he's claiming that, I received a letter dated 3/22/16 from Ms. Nicole Dunbar of his office. Whereas I did in fact receive a letter from Ms. Dunbar dated 3/7/16. But the letters first paragraph are completely different. Which I sent your office the letter dated 3/7/16 from Ms. Dunbar in my letter to your office dated 3/11/16.

Now I'm sending you the letter Mr. Shevlin claims Ms. Dunbar sent to me dated 3/22/16. Which as I've stated is different. Also my response to Mr. Shevlin's letter of 3/23/16.

It appears also that the defendants don't want to honor the jury verdict as to defendant Robert BJ Smith. They have claimed that they are only paying the portion of the verdict pertaining to Officer Douglas Williams. In spite of the fact that the Attorney General's office represented defendant Smith since the beginning of the case, have represented defendant Smith on Rule 12 (b) motions and Rule 56 motions as well.

It is for this reason that the plaintiff has requested the assistance of appointed counsel, and had counsel in obtaining the verdict against defendant Smith.

In conclusion, thank you in advance for your time, attention, and all considerations in the above mentioned matter.

Respectfully

Mr. Juan Hernandez
 Mr. Juan Hernandez



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

KENT T. STAUFFER
EXECUTIVE DEPUTY ATTORNEY GENERAL
DIVISION OF STATE COUNSEL

LISA R. DELL
ASSISTANT ATTORNEY GENERAL IN CHARGE
LITIGATION BUREAU

March 23, 2016

Juan Hernandez
DIN # 94A5040
Queensboro Correctional Facility
47-04 Van Dam Street
Long Island City, New York 11101

Re: Hernandez v. Goord, *et al.*
Index No. 01-CV-9585 (SHS)

Dear Mr. Hernandez:

I am in receipt of your March 11, 2016 letter to Nicole Dunbar of my office regarding the \$24,001.00 voucher for payment and the corresponding W-9 form. Please be advised that the Office of the Attorney General only represents defendant Officer Douglas Williams and the State of New York is paying only the portion of the verdict pertaining to Officer Williams. Pursuant to the Court's Order of August 14, 2014, \$1,000 of the verdict to you is being paid to your attorneys, Weil Gotshal & Mangers, and thus the check to you would be \$24,001.00 plus whatever interest is due. Regarding interest, once you return the voucher and W-9 forms to my office, the New York State Comptroller will calculate how much interest you are owed and will forward it to you. I have enclosed a copy of the voucher and W-9 form for you to sign and return to Ms. Dunbar. To the extent you have any questions, please contact me at my office number.

Very truly yours,

A handwritten signature in black ink that reads "Neil Shevlin".

Neil Shevlin
Assistant Attorney General
(212) 416-8561

Encls.



STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

ERIC T. SCHNEIDERMAN
ATTORNEY GENERAL

DIVISION OF STATE COUNSEL

March 22, 2016

Juan Hernandez, DIN# 94A5040
Queensboro Correctional Facility
47-04 Van Dam St.
Long Island, New York 11101

RE: Hernandez v. Goord, et al., USDC/SDNY, 01-CV-9585 (SHS)

Dear Mr. Hernandez:

Enclosed please find a New York State standard voucher, in the amount of \$24,001.00, for payment to you, to be signed by you, in full satisfaction of any and all claims, costs, disbursements, and legal fees, with respect to defendant Officer Douglas Williams in the above matter.

Please fill in No. 3 at top of voucher with your Social Security Number. Kindly sign and date the voucher at No. 7. Please do not fill in any other section. Please do not enter any monetary amounts in any other section (see enclosed instructions). Return the executed voucher to my personal attention.

Please fill in all required fields in the Substitute W-9 form. See attached instructions.

Please be advised that payment of this voucher, pursuant to Public Officers Law Section 17, is contingent upon concurrence by the Attorney General in the certification by the Acting Commissioner and the audit and warrant of the State Comptroller.

Please note that the check will be sent to the address shown on the voucher. Thank you for your assistance.

Very truly yours,

A handwritten signature in black ink, appearing to read "Nicole Dunbar", written over a horizontal line.

Nicole Dunbar
Administrative Assistant Trainee 2

Enclosure


AC92 (Rev. 6/94)

State
Of
New YorkSEE INSTRUCTIONS BEFORE COMPLETING
STANDARD VOUCHER

Voucher Number

① Originating Agency (limit to 30 spaces)				Orig. Agency Code		Interest Eligible (Y/N)		② P-Contract			
Payment Date (MM/DD/YY)				OSC Use Only		Liability Date (MM/DD/YY)					
③ Payee ID		Additional		Zip Code		Route		Payee Amount		MIR Date (MM/DD/YY)	
④ Payee Name (limit to 30 spaces) Juan Hernandez 94A5040						IRS Code		IRS Amount			
Payee Name (limit to 30 spaces)						Stat. Type		Statistic		Indicator-Dept. Indicator-Statewide	
Address (limit to 30 spaces) Queenboro Corr. Facility						⑤ Ref/Inv. No. (Limit to 20 spaces)					
Address (limit to 30 spaces) 47-04 Van Dam St.						Ref/Inv. Date (MM/DD/YY)					
City (Limit to 20 spaces) (Limit to 2 spaces)→ Long Island				State NY		Zip Code 11101					

⑥ Purchase Order No and Date	Description of Material/Service If items are too numerous to be incorporated into the block below, use Form AC 93 and carry total forward.	Quantity	Unit	Price	Amount
	RE: Hernandez v. Goord, et al., USDC/SDNY, 01-CV-9585 (SHS) Payment of \$108,356.50, plus interest pursuant to 28 USC 1961 from one hundred and twenty (120) days of August 14, 2014, unless the provisions of Executive Law §632-a apply to the plaintiff and the payment hereunder constitutes "funds of a convicted person" under the Son of Sam Law, in which event, the one hundred and twenty (120) day period shall be extended by an additional thirty (30) days to allow for compliance with that law, to date of payment in full satisfaction of any and all claims, costs, disbursements, and legal fees as follows: \$84,355.99 to Weil, Gotshal & Manges, LLP, attorneys for the plaintiff, and \$24,001.00 to Juan Hernandez, plaintiff				\$24,001.00

Payee Certification		Total	
I certify that the above bill is just, true and correct, that no part thereof has been paid except as stated and that the balance is actually due and owing, and that taxes from which the State is exempt are excluded.			
 <div> <div>Payee's Signature in Ink</div> <div>Title</div> </div>		Discount %	
<div>Date</div> <div>Name of Company</div>		Net	

FOR AGENCY USE ONLY				STATE COMPTROLLER'S PRE-AUDIT			
Merchandise Received		I certify that this voucher is correct and just, and payment is approved, and the goods or services rendered or furnished are for use in the performance of the official functions and duties of this agency.		Verified		CERTIFIED FOR PAYMENT OF TOTAL AMOUNT	
Date				Audited			
Page No.		Authorized Signature in Ink		Special Approval (as Required)		By	
By		Date Title					

Expenditure							Liquidation				
Cost Center Code				Object	Accum		Amount	Orig. Agency	PO/Contract	Line	F/P
Dept	Cost Center Unit	Var	Yr		Dept	Statewide					

Distribution: Original to OSC with Copy to Agency/Department and Payee

☐ Check if Continuation form is attached.

NOTICE TO VENDORS OF SALES TAX EXEMPTION

This sheet may be retained by vendor and can be presented as proof of exemption from New York State and local sales taxes.

INSTRUCTIONS TO VENDORS PREPARING VOUCHERS

The numbered paragraphs below refer to the numbered blocks on the face of this form, which are to be completed.

Notice to vendors: Do not complete any blocks other than the following.

1. Originating Agency:

Insert name of State Department, Agency or institution being billed, as shown at the top of the Purchase Order.

2. P-Contract:

Enter here the P-Contract Number, if any, under which the purchase is made, e.g. P010966. Do not use hyphens or spaces.

NOTE: TO AVOID PROBLEMS WITH IRS, FOLLOW INSTRUCTIONS FOR BLOCKS 3 AND 4 CAREFULLY.

3. Payee I.D./Additional/Zip Code:

Enter your Federal Employer Identification Number (EIN). If you do not have an EIN, enter your Social Security Number. Do not use hyphens or spaces.

If you were assigned a Payee Additional Code by New York State, enter this in the box marked 'Additional'. Enter your nine position 'Zip+4' in the adjacent block only if you have been assigned an Additional Code.

4. Payee Name and Address:

For individuals or sole proprietors, enter your name (exactly as it appears on your Social Security card) in the first Payee Name block. If there is a business name or DBA, Enter that information in the second Payee Name block.

Corporations, partnerships and tax exempt organizations should enter the name of the entity (exactly as registered with the Federal government) that corresponds to the EIN entered in Block 3.

Enter your proper mailing address conforming to U.S. Postal Standards. ~~Include either your five-position zip code or your Zip+4 in your address.~~

5. Ref./Inv. No.:

Enter a reference number, invoice number, or other information. This information WILL APPEAR ON THE CHECK STUB and will identify the payment. Do not exceed 30 characters including letters, numbers, spaces, commas, etc. The check stub issued to you will contain the information you furnished in this block, and may be compared to this copy of the voucher, which you will detach and keep. Enter the corresponding reference/invoice date in the block below the Ref./Inv. No. block.

6. Description of Material/Service:

Enter all pertinent information required by the specific column headings. Extend calculations into "Amount" column.

VENDOR'S OPTION:

Any company that has its own invoice or bill form may refer to it by number or other identification in the Ref./Inv. No. block. In addition, write "See Invoice Attached" in the description block, and show the total in the "amount" column. Attach invoices in duplicate to this voucher.

7. Payee Certification:

Clearly indicate the title of the person signing for the payee, e.g., sole owner, partner, treasure, bookkeeper, billing clerk, etc.

AC 3237-S (Rev. 4/15)



NEW YORK STATE OFFICE OF THE STATE COMPTROLLER
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: _____ 2. Business name/disregarded entity name, if different from Legal Business Name: _____

3. Entity Type (Check one only):

☐ Individual Sole Proprietor ☐ Partnership ☐ Limited Liability Co. ☐ Corporation ☐ Not For Profit
☐ Trusts/Estates ☐ Federal, State or Local Government ☐ Public Authority ☐ Disregarded Entity
☐ Other _____

☐ **Exempt
Payee**

Part II: Taxpayer Identification Number (TIN) & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)
 See instructions.

--	--	--	--	--	--	--	--	--	--

2. Taxpayer Identification Type (check appropriate box):

☐ Employer ID No. (EIN) ☐ Social Security No. (SSN) ☐ Individual Taxpayer ID No. (ITIN) ☐ N/A (Non-United States Business Entity)

Part III: Address

1. Physical Address:

Number, Street, and Apartment or Suite Number

2. Remittance Address:

Number, Street, and Apartment or Suite Number

City, State, and Nine Digit Zip Code or Country

City, State, and Nine Digit Zip Code or Country

Part IV: Certification and Exemption from Backup Withholding

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (TIN), and

2. I am a U.S. citizen or other U.S. person, and

3. (Check one only):

☐ I am not subject to backup withholding. I am (a) exempt from back up withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding), or

☐ I am subject to backup withholding. I have been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, and I have not been notified by the IRS that I am no longer subject to back withholding.

Sign Here:

Signature_____
Title_____
Date_____
Print Preparer's Name_____
Phone Number_____
Email Address**Part V: Vendor Primary Contact Information – Executive Authorized to Represent the Vendor**

Primary Contact Name: _____

Title: _____

Email Address: _____

Phone Number: _____

DO NOT SUBMIT FORM TO IRS — SUBMIT FORM TO NYS ONLY AS DIRECTED

NYS Office of the State Comptroller
Instructions for Completing Substitute Form W-9

New York State (NYS) must obtain your correct Taxpayer Identification Number (TIN) to report income paid to you or your organization. NYS Office of the State Comptroller uses the Substitute Form W-9 to obtain certification of your TIN in order to ensure accuracy of information contained in its payee/vendor database and to avoid backup withholding.¹ We ask for the information on the Substitute Form W-9 to carry out the Internal Revenue laws of the United States. You are required to give us the information.

Any payee/vendor who wishes to do business with New York State must complete the Substitute Form W-9. Substitute Form W-9 is the only acceptable documentation. We will not accept IRS Form W-9.

Part I: Vendor Information

1. **Legal Business Name:** For individuals, enter the name of the person who will do business with NYS as it appears on the Social Security card or other required Federal tax documents. An organization should enter the name shown on its charter or other legal documents that created the organization. Do not abbreviate names.
2. **Business name/disregarded entity name, if different from Legal Business Name:** Enter your DBA name or another name your entity is known by.
3. **Entity Type:** Check the Entity Type doing business with New York State.

Part II: Taxpayer Identification Number (TIN) and Taxpayer Identification Type

The TIN provided must match the name in the "Legal Business Name" box to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, refers to IRS W-9 instructions for additional information. For other entities, it is your employer identification number (EIN). If you do not have a number or if the account is in more than one name, refer to IRS W-9 instructions for additional information.

1. **Taxpayer Identification Number:** Enter your nine-digit Social Security Number, Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN).
 2. **Taxpayer Identification Type:** Check the type of identification number provided.
-

Part III: Address

1. **Physical Address:** Enter the location of where your business is physically located.
2. **Remittance Address:** Enter the address where payments should be mailed.

Part IV: Certification and Exemption from Backup Withholding

Check the appropriate box indicating your exemption status from backup withholding. Individuals and sole proprietors are not exempt from backup withholding. Corporations are exempt from backup withholding for certain types of payments. Refer to IRS Form W-9 instructions for additional information. The signature should be provided by the individual, owner, officer, legal representative, or other authorized person of the entity listed on the form. Certain exceptions to the signature requirement are listed in the IRS instructions for form W-9.

Part V: Vendor Primary Contact Information

Please provide the contact information for an executive at your organization. This individual should be the person who makes legal and financial decisions for your organization.

¹ According to IRS Regulations, OSC must withhold 28% of all payments if a payee/vendor fails to provide OSC its certified TIN. The Substitute Form W-9 certifies a payee/vendor's TIN.

From The Desk Of
Mr. Juan Hernandez 94A5040
Queensboro Corr. Fac.
47-04 Van Dam Street
Long Island City, NY 11101

March 31, 2016

State Of New York
Office Of The Attorney General
120 Broadway
New York, NY 10271

RE: Hernandez v. Goord, et. al., Index No. 01-CV-9585 (SHS)

Dear Mr. Shevlin;

I am now writing in response to your letter of March 23, 2016 with the alleged letter from a Ms. Nicole Dunbar dated March 22, 2016 of your office.

First of all I never received this letter dated 3/22/16 from your co-worker dated 3/22/16. The letter Ms. Dunbar sent me was dated 3/7/16, and it clearly stated that the enclosed voucher was in the amount of \$25,001.00 in full satisfaction of any and all claims, cost, disbursements, and legal fees, with reference to the above matter.

Now in your letter of 3/23/16 you are claiming that I received a letter from Ms. Dunbar dated 3/22/16 that states: "Enclosed please find a New York State standard voucher, in the amount of \$24,001.00 for payment to you, to be signed by you, in full satisfaction of any and all claims, costs, disbursements, and legal fees, with respect to defendant Officer Douglas Williams in the above matter".

I have never received a letter from you co-worker Ms. Dunbar dated 3/22/16. I only received that letter from you recently.

Secondly, Mr. Shevlin in your letter of 3/23/16 it states, "Please be advised that the office of the Attorney General only represents defendant Officer Douglas Williams, and the State of New York is paying only the portion of the verdict pertaining to Officer Williams.

Mr. Shevlin I'd like to point out to your attention. That this case against defendant Robert B.J. Smith started in 2001, and your office represented Mr. Smith. Further the Attorney General's office represented defendant Smith on the Rule 12(b) motions to dismiss, as well as on the Rule 56 motion summary judgment. Likewise your office represented defendant Douglas Williams in the above mentioned motions as well, when Williams became a defendant in 2005. Again at the start of this case your office represented both defendants, Smith and Williams. It was your office that elected to not represent defendant Smith at trial in the eleventh hour. Mr. Smith at the time of the start of this case was a State employee.

Moreover, Mr. Smith's trial attorney Andrew Bersin Esq. of The Durst Law Firm at 319 Broadway New York, NY 10007 as indicated on the Court's Docket sheet for the U.S. District Court does not respond to any of

my attempts to communicate with him. Being that the Attorney General's office represented Mr. Smith in this case earlier on when the case started initially. I would think that your office needs to strighten out all these errors in this case. So this case can be closed in it's entirety.

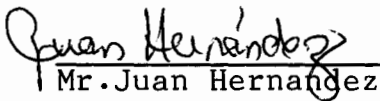
Lastly, also in your letter of 3/23/16, you mentioned the Court's Order of August 14, 2014 concerning the Court's Ordering \$1,000.00 of the verdict to be paid to Weil, Gotshal, and Manages LLP, which is correct.

However, from the date of the verdict, May 9, 2014 to August 14, 2014 Plaintiff is entitled to interest on \$40,003.00 at 9%. Then from 8/14/14 til the case's verdict is satified. The Plaintiff is entitled to the interest on 38,003.00 at 9%.

Please note that I am sending copies of this letter to the Court, as well as copies of the correspondences that you have sent to me also. I will respond to the sending of the voucher once these errors have been corrected or the Court directs me to do so. Being that I am without an attorney at this time.

In conclusion, thank you in advance for your time, attention and all considerations in the above mentioned matters.

Respectfully


Mr. Juan Hernandez

cc: Hon. Sidney H. Stein
(S.D.C.J.)